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FE5AN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SCHOOLING OF THE SENATE

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Office Use Only

1.	NAME OF COMMITTEE (in full)	USE FEC MAILING OR TYPE OR PRINT	LABEL 「♥	Example:If over the lin				
ļ ^{Fļ}	RIENDS OF JOHN THUN	JE	1111		<u>1 1 1 1 1 . </u>	· .1	_1	
		1.1 1.1			<u> </u>			
ADDRESS (number and street) 200 NORTH PHILLIPS AVENUE								
_	Check if different	STE L101	<u>il. l</u>	1 1 1 1	1_1_1_	1 1 1	111	
than previously reported. (ACC) SIOUX FALLS SIOUX FALLS								
2.	FEC IDENTIFICATION NUI	MBER \(\psi\)	CITY	<u> </u>		,STAT	EA	ZIP CODE ▲ STATE ▼ DISTRICT
	C00409581		3. IS THIS REPOR	T 🗵	NEW (N) OR		AMENDE (A)	· • · · · · · · · · · · · · · · · · · ·
4. TYPE OF REPORT (Choose One) (b) 12-Day PRE-Election Report for the:								
	(a) Quarterly Reports:		,, [ry (12P)		General (12	PG) Runoff (12R)
	April 15 Quarterly	Report (Q1)	<u> </u>	.	ention (12C)		Special (12	 S)
	July 15 Quarterly I	Report (Q2)	L	J .			 	in the
	October 15 Quarte	erly Report (Q3)	Election	on		<u> </u>		State of
	X January 31 Year-B	End Report (YE) (c	30-Day	POST-Elect	on Report for the	ne:		
		-		Gene	ral (30G)	Ц	Runoff (30F	R) Special (30S)
	Termination Repo	rt (TER)	Election	on ·				in the State of
5. Covering Period 11 23 2010 through 12 31 2010 .								
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.								
Type or Print Name of Treasurer Barbara Buell, Deputy Treasurer								
Signature of Treasurer Darbara Dull Date 01 28 2011								
NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.								
	Office Use Only							FEC FORM 3 (Revised 02/2003)